

# CLAIMS ONLY

SERIAL NO.

100 73015

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	4					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
57						
58						
59						
60						
61						
62						
63						
64						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM TOS-875)

Serial No. \_\_\_\_\_

FILED DATE \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
10 2						
10 3						
10 4						
10 5						
10 6						
10 7						
10 8						
10 9						
11 10						
11 11						
11 12						
11 13						
11 14						
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TOTAL IND.	7					
TOTAL DEP.	28					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						